JOHANNS FOR SENATE

5555 South Street, Suite 100 Lincoln, Nebraska 68506

SECRETARY OF THE SENATE

08 DEC -1 PM 1: 21

November 24, 2008

Secretary of the Senate Office of Public Records 232 Hart Senate Office Building Washington, DC 20510-7116

Madam Secretary:

Enclosed is FEC Form 2, Statement of Candidacy for Michael O. Johanns for the election year 2014.

We have enclosed a return envelope for your use in providing us with a date stamped copy of the form.

If you have any questions, feel free to contact me at 402-450-0046.

Sincerely,

Treasurer for

Johanns for Senate, Incorporated

28020723133

FEC FORM 2 STATEMENT OF CANDIDACY

08 DEC -1 PM 1:21

1. (a) Name of Candidate (in full)	- Anne				
Michael 0. Johanns (b) Address (number and street)		2. Identification Number			
5555 South Street, Suite 100		l	2. Identification realization		
(c) City, State, and ZIP Code			3. Is This we New Amended		
Lincoln, NE 6	Lincoln, NE 68506		Statement X (N) OR (A)		
4. Party Affiliation	5. Office Sought	6. State & Distric			
Republican	Senate		oraska .		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of election)					
NOTE: This designation should be filed with the appropriate office listed in the instructions.					
(a) Name of Committee (in full)					
Johanns for Senate, Incorporated					
(b) Address (number and street)					
5555 South St	reet, Suite 100				
(c) City, State, and ZIP Code					
Lincoln, NE 68506					
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.					
NOTE: This decignation should be i	iled with the principal campaign committe	20			
NOTE: This designation should be t	iled with the principal campaign committee				
(a) Name of Committee (in full)					
(b) Address (number and street)	(b) Address (number and street)				
(c) City, State, and ZIP Code					
DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)					
9. I intend to expend personal funds ex	xceeding the threshold amount (see 11 C	C.F.R. 400.9) by			
	9A	0,0,0	for the primary election, and		
	9B	0,0,0	for the general election.		
If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.					
I certify that I have examined this statement and to the best of my knowledge and bellef it is true, correct and complete.					
Signature of Candidate			Date 11/2 4/08		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.					
FE3AN039.PDF		1 1	FEC FORM 2 (REV. 02/20		

CALL 1-800-222-1811 FOR PICKUP OR TRACKING OF ALL YOUR PACKAGES Post Office



www.usps.com

DOMESTIC USE ONLY POSTAGE REQUIRED **EXPRESS MAIL**

HOW TO U

LETE LABEL

ORIGIN (POSTAL SERVICE USE ONLY)
PO ZIP Code Day of Delivery

Date Accepted

Time Accepted

Scheduled Time of Delivery

COD Fee

insurance

Return Receipt Fee

Flat Rate 🗆 or Weight

Int'l Alpha Country Code

Acceptance Emp. Initia

Total Postage & Fees

3rd Day

PM □ M

Type or print .



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

Addressee Copy
Label 11-F, April 2004

			•••
	DELIVERY (POSTAL USE ONLY)	L USE ONLY)	
	Delivery Attempt	Time # AM	Employee Signature
	Mo. Day	ПРМ	
	Delivery Attempt	Time AM	Employee Signature
	Mo. Day	∏ PM	
Fee	Delivery Date	MA ☐ amTT	Employee Signature
	Mo. Day	□ PM	
	WAIVER OF SIGNATU	RE (Domestic Mail Only) . requested, I wish deliver	WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandiae trausance to the waiver of aignature is requested. I with darkery to be made without obtaining signature
-	of addressee or addressee a location) and I authorize that	agent (if delivery employe delivery employee's algo	of addresses or activesses a signific (if delivery employee) judges that article on the left in secure of addresses or active and the left in secure (cation) and I authorize that delivery employee's adjusture constitutes wated proof of delivery (cation) and I authorize that delivery employee's adjusture constitutes wated proof of delivery (cation) and I authorize that delivery employee's adjusture constitutes wated proof of delivery (cation) and (cation) a
is	NO DELLYERY Weekend	Holiday .	

FROM: (PLEASE PRINT)

PHONE C -> 2 2

483 7512

TO: (PLEASE PRINT)

483-7512

Office of Public Recurds Secretary or the joeunce

232 Mart Senace Office Building

20510-7116

Kindaington, DC

the Expre: The effic

ō,

FOR PICKUP OR TRACKING: Visit WWW.USPS.COM or Call 1-800-222-1811

28020723134

M

80208

N

PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7118 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:	
HAND DELIVERED	
Date of Receipt	-
USPS FIRST CLASS MAIL	
Postmark	•
USPS REGISTERED/CERTIFIED	
Postmark	
USPS PRIORITY MAIL Postmark	<u> </u>
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL	
USPS EXPRESS MAIL 11-24-08	_
Postmark	
OVERNIGHT DELIVERY SERVICE:	
SHIPPING DATE NEXT BUSINESS	DAY DELIVERY
FEDERAL EXPRESS	
UPS	
DHL	
AIRBORNE EXPRESS	
RECEIVED FROM FEDERAL ELECTION COMMISSION	· ,
	e of Receipt
POSTMARK ILLEGIBLE NO POSTMARK	
FAX	
Date of Receipt	
OTHER	
Date of Receipt or Postmark	•
PREPARER DATE PREPARED	12-01-08
DATE PREPARED	,



